

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 17 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Candlen
Township Adair
City Adair (No. 17)

Registration District No. 118
Primary Registration District No. 5769

File No. 48252
Registered No. 5-
St. _____ Ward _____

2. FULL NAME

Clifford Bill Stoud
Barnumton mo Ward.

(a) Residence, No. _____ (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unwed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11-1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Barnumton (STATE OR COUNTRY) mo

FATHER 13. NAME John Stoud
14. BIRTHPLACE (CITY OR TOWN) Hermilage (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Beatrice Fox on
16. BIRTHPLACE (CITY OR TOWN) Linn Creek (STATE OR COUNTRY) mo

17. INFORMANT John Stoud (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Adair-Cen DATE May 12 1936

19. UNDERTAKER J. T. Stoud (ADDRESS) Hermilage mo

20. FILED 67-11- 1936 W. S. Windsor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11- 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

still birth
still birth
undeveloped skull Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. S. Windsor, M. D.

(Address) Chambers Springs mo

